

Right-of-Way PERMIT APPLICATION

For Barricade and Excavation for Construction

Office Use Only
Permit # Staff Initials: Ward: Area:
Expiration: B BS CE CIP/PIA
□ DW/SD□ MITZ□ PM □ PT □ RR □ STC, TRI

INSTRUCTIONS: Please complete entire application with accurate information (See note i). If you have any questions, please contact Engineering at 791-5100. Save application as a PDF and email to tdotpermitcenter@tucsonaz.gov Forms of payment accepted are check, credit cards, or City Advance Payment Account (APA). * = Permit Renewal Information (only if applicable) *Charge to Advanced Payment Account Number: This application is for: (Please check the following) Barricade Excavation (See note xiii) Both Township: *Work Location: Range: **Section:** (A proper physical address is required or * an existing permit number for renewal) *Renewal /Days of Renewal: Partial Closure Work Order Number: __ Complete Closure *Plan Add/Change Roll Off Aerial Boring ☐ Drainage Way **Storm Drains Streetcar** (Sun Link 791-3333) (See note vii) (See note viii) (See note ix) (See note x) City of Tucson Projects: (Please check the appropriate boxes if applicable) Not applicable **Initials required** ___ Capital Project Name and Number: Utility Relocation (See note xiii) **COT Project Manager:** PIA - Project # South Tucson **Project of Another Jurisdiction:** ADOT (See note xi) **Pima County** Development Plan Number: Indicate total lineal footage of excavation and bore: *Work Description: Start Date: *Project End Date: Restrictions **□ Day 9AM-3:30PM** Night 6PM-6AM 24HR ■ Weekend **Holiday** MAJOR IMPACT TRAFFIC ZONE (MITZ): If any one of these items apply to your project, barricade plans are required: (See note ii) Central Business District, Downtown, 4th Avenue, Main Gate, or Named alleys. (See note xii) Complete closure of any street. If traffic control extends through a railroad crossing *If traffic control extends through a signalized intersection* One or more lanes closed at any time on an arterial or collector street Restrictions on arterial or collector streets during peak hours Streetcar Route **Applicant Information:** ROC#: *Applicant Firm: * Contact Name: Mobile Number: **Business Address:** City: State: Zip Code: Office Phone #: *Email: